

Enfield Police Department
293 Elm Street
Enfield, CT 06082

Junk Car Removal Program

APPLICANT INFORMATION:

Name: _____

Hm Phone: _____

Address: _____

Wk Phone: _____

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____

Color: _____/_____ Vin# _____

Location of Vehicle: _____

Do you have the Certificate of Title to the vehicle? YES (if yes, attach) or NO

Do you own the vehicle? YES or NO (if not, explain): _____

Please Read & Sign:

I request the Enfield Police Department remove and dispose of the above vehicle, which I value at less than \$100.00. I attest that this vehicle is not wanted for any criminal or motor vehicle matters by any law enforcement agency. Also, that all liens, if any, have been duly released and any other person(s) or parties having interest have consented to this disposal. I understand there is no charge or cost to be incurred by me for this removal/disposal without my prior consent.

Signature of Applicant

Date

*1980 and older: Title not necessary, junkyards will accept a Bill of Sale

*Remove license plates and return to Dept. of Motor Vehicles

*Remove trash and debris from vehicle

* Questions or problems, contact Officer Michael Krzynowek at (860)763-6400 ext.1275